



**SUBSTANCE ABUSE PREVENTION AND CONTROL
FIELD-BASED SERVICES WORK PLAN SUMMARY**

COMPLETED WORK PLAN SUMMARY AND NARRATIVE MUST BE SUBMITTED TO: Daniel Deniz, SAPC Contracts and Compliance Section at SAPCMonitoring@ph.lacounty.gov or via FAX at (626) 299-7226

PROVIDER AGENCY INFORMATION	
1. Program/Facility Name:	
2. Home DMC-Certified Facility Address:	
3. Check one: <input type="checkbox"/> Initial Work Plan <input type="checkbox"/> Revised Work Plan <input type="checkbox"/> Renewal	<input type="checkbox"/> New Service Site <input type="checkbox"/> Existing FY 18-19 SAPC Approved Service Site
PROPOSED POPULATIONS TO BE SERVED	
4. Check all that apply: (must attach a brief narrative of agency experience in treating the proposed population) <input type="checkbox"/> Arsonists <input type="checkbox"/> Registered Sex Offenders <input type="checkbox"/> Homeless <input type="checkbox"/> Co-Occurring Disorder (Mental or Physical Health Condition) <input type="checkbox"/> Medically Fragile <input type="checkbox"/> Other: _____	<input type="checkbox"/> Residents of Rural Areas <input type="checkbox"/> Juvenile Justice-Involved Youth <input type="checkbox"/> Foster Care Youth <input type="checkbox"/> Pregnant and Postpartum Women <input type="checkbox"/> School-Based Youth <input type="checkbox"/> Youth in Alternative School Placements
ADULT POPULATIONS <input type="checkbox"/> Adults, 21-59 <input type="checkbox"/> Older Adults, 60+ <input type="checkbox"/> Males <input type="checkbox"/> Females <input type="checkbox"/> Transgender	YOUTH POPULATIONS <input type="checkbox"/> Youth age, 12-17 <input type="checkbox"/> Young Adults, 18-20 <input type="checkbox"/> Males <input type="checkbox"/> Females <input type="checkbox"/> Transgender
PROPOSED FBS SETTINGS	
5a. ADULT POPULATIONS Check all that apply: (must attach a list of proposed site addresses) <input type="checkbox"/> Adult Day Centers <input type="checkbox"/> Board and Care settings <input type="checkbox"/> Federal Qualified Health Centers <input type="checkbox"/> Drop-in centers <input type="checkbox"/> Community centers <input type="checkbox"/> Los Angeles County: <input type="checkbox"/> Department of Mental Health (DMH) clinic sites <input type="checkbox"/> Department of Health Services (DHS) directly-operated facilities <input type="checkbox"/> Department of Probation Area Offices <input type="checkbox"/> Department of Children and Family Services Offices <input type="checkbox"/> Department of Public Social Services Offices <input type="checkbox"/> Permanent Housing Sites (E.g., permanent supportive housing, public housing, etc.) <input type="checkbox"/> Interim Housing Sites (E.g., homeless shelters, transitional housing, etc.) <input type="checkbox"/> Other: _____	5b. YOUTH POPULATIONS Check all that apply: (must attach a list of proposed site addresses) <input type="checkbox"/> Youth homeless shelters <input type="checkbox"/> Group homes <input type="checkbox"/> Community facility centers <input type="checkbox"/> Recreational centers <input type="checkbox"/> Department of Children and Family Services Offices <input type="checkbox"/> Probation office sites/regional hubs <input type="checkbox"/> Los Angeles County Office of Education Alternative sites <input type="checkbox"/> SAPC approved school sites. <input type="checkbox"/> Other: _____
PROPOSED FBS SERVICES	PROPOSED SERVICES PLANNING AREA TO BE SERVED
6. What Field-Based Services does the program propose to provide? <input type="checkbox"/> Outpatient Services <input type="checkbox"/> Intensive Outpatient Services <input type="checkbox"/> Recovery Support Services	7. What Service Planning Area (SPA) does the program propose to serve? <input type="checkbox"/> SPA 1 <input type="checkbox"/> SPA 2 <input type="checkbox"/> SPA 3 <input type="checkbox"/> SPA 4 <input type="checkbox"/> SPA 5 <input type="checkbox"/> SPA 6 <input type="checkbox"/> SPA 7 <input type="checkbox"/> SPA 8
COUNTY USE ONLY: <input type="checkbox"/> Work plan approved by DPH-SAPC SOC pending facility review <input type="checkbox"/> Facility review completed on and approved: _____ <input type="checkbox"/> Date of approval for FBS implementation: _____ <input type="checkbox"/> Denied by DPH-SAPC. Reason for denial: _____	8. Agency-Authorized Individual: Signature: _____

FIELD-BASED SERVICES WORKPLAN SUMMARY AND NARRATIVE INSTRUCTIONS

Contractors are not allowed to initiate Field Based Services (FBS) until after receiving approval from SAPC. To request approval, contractors must complete an FBS work plan summary, work plan narrative, and MOU for review.

Upon approval of a submitted work plan, contractors may only bill for FBS as outlined in this form and attached narrative. Contractors may submit revised work plans for review and approval as needed.

Reasons for denial may include, but are not limited to the following: incomplete forms or missing narratives, lack of demonstrated experience with target populations proposed, or inappropriate proposed settings that will prevent adherence to confidentiality rules and regulations.

PROVIDER AGENCY INFORMATION:

1. Enter the SAPC-contracted program/facility name.
2. Enter the SAPC-contracted program/facility address that is the home Drug Medi-Cal certified site.
3. Select if contractor is submitting initial work plan, revised work plan or renewal. Select if contractor is proposing a new service site location or proposing to continue a pre-approved service site location.

PROPOSED POPULATIONS TO BE SERVED:

4. Check the population that contractor proposes to serve via FBS and complete the attached work plan narrative explaining contractor's experience in providing services to this population. Contractor's experience should include the following information:
 - a) FBS service components to be offered (for outpatient/intensive outpatient services; refer to page 5 of Field-Based Services in Non-Clinical Settings Benefit Narrative, i.e., Attachment I);
 - b) Staff levels/provider experience (e.g., staffs' licenses/certifications and years of experience with treating proposed population, contractors' overall experience with treating proposed population, etc.);
 - c) Staff availability (e.g., days/hours of operation, staff to provide services to proposed population, etc.); and
 - d) How contractor will meet service expectations to treat proposed population (i.e., culturally competent services, age and developmentally appropriate services, Medication-Assisted Treatment, evidence-based practices, and case management; refer to page 6 of Field-Based Services in Non-Clinical Settings Benefit Narrative, i.e., Attachment I).

Contractor can include additional information detailing how its services can effectively and successfully provide treatment for this population. Contractor must explain why FBS are needed to serve this population.

PROPOSED FBS SETTINGS:

- 5a. Check all proposed FBS settings that contractor will utilize for adult populations. Must attach list of proposed site addresses.
- 5b. Check all proposed FBS settings that contractor will utilize for youth populations. Must attach list of proposed site addresses.

PROPOSED FBS SERVICES:

Check the FBS that the contractor proposes to provide. Contractor must attach a brief narrative (no more than one page) on how contractor proposes to adhere to confidentiality rules and regulations in non-clinical settings (refer to page 6 of Field-Based Services in Non-Clinical Settings Benefit Narrative, i.e., Attachment I).

PROPOSED SERVICES PLANNING AREA TO BE SERVED:

6. Check the proposed Service Planning Areas (SPA) to be served.

AGENCY-AUTHORIZED INDIVIDUAL:

7. Executive Director or authorized designee.

INTERNAL SAPC USE ONLY:

This section reserved for County Use Only.